

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

ADDRESS (number and street)

1 METROTECH CENTER NORTH

11TH FLOOR



Check if different than previously reported. (ACC)

BROOKLYN

NY

11201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00350991

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2010M M M / D D D / Y Y Y Y Y Y
08 01 2010M M M / D D D / Y Y Y Y Y Y
08 01 2010

through

M M M / D D D / Y Y Y Y Y Y
08 31 2010M M M / D D D / Y Y Y Y Y Y
08 31 2010M M M / D D D / Y Y Y Y Y Y
08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorothy E. Siegel

Signature of Treasurer

Dorothy E. Siegel

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 27 2015M M M / D D D / Y Y Y Y Y Y
05 27 2015M M M / D D D / Y Y Y Y Y Y
05 27 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2010 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2010		157477.62
(b) Cash on Hand at Beginning of Reporting Period.....	124959.67	
(c) Total Receipts (from Line 19)	20922.15	99424.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	145881.82	256901.82
7. Total Disbursements (from Line 31)	5032.55	116052.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140849.27	140849.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	0		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	0		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	968.12	15309.54
(ii) Unitemized	8704.03	59614.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	9672.15	74924.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	11250.00	24500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	20922.15	99424.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	20922.15	99424.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	20922.15	99424.20

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5032.55	116052.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5032.55	116052.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5032.55	116052.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20922.15	99424.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20922.15	99424.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Richard G Berkenfeld

Mailing Address Great Neck Road 175

City State Zip Code
Great Neck NY 11021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard Berkenfeld Engineering

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Javier Garcia

Mailing Address 15 4th St.
Apt. 2

City State Zip Code
Brooklyn NY 11231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2010

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Javier Garcia

Mailing Address 15 4th St.
Apt. 2

City State Zip Code
Brooklyn NY 11231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 31 / 2010

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. John Hall

Mailing Address 7 Avenue 252 5A

City
New York

State Zip Code
NY 10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Congress

Congress

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Hall

Mailing Address 7 Avenue 252 5A

City
New York

State Zip Code
NY 10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Congress

Congress

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael J Iannone

Mailing Address 28 George St

City
Green Island

State Zip Code
NY 12183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Honeywell

Machine Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Lloyd Johnson

Mailing Address Clinton Avenue 239

City Albany State NY Zip Code 12210

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Caroline Kearney

Mailing Address 437 3rd St

City Brooklyn State NY Zip Code 11215

FEC ID number of contributing federal political committee.

C

Name of Employer

Legal Services of NYC

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.42

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period

45.06

Full Name (Last, First, Middle Initial)

C. Micah Lasher

Mailing Address Riverside Drive 194 5B

City New York State NY Zip Code 10025

FEC ID number of contributing federal political committee.

C

Name of Employer

Consultant

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Larry Littman

Mailing Address West 24th Street 341 8B

City
New York

State Zip Code
NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Dep of Homeless Services

Occupation
Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kevin P Lynch

Mailing Address 7608 263rd St

City
Glen Oaks

State Zip Code
NY 11004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RWDSU

Occupation
Organizing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Amelia Maiello

Mailing Address 87 Old House Ln

City
Prt Washngtn

State Zip Code
NY 11050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Bob Master

Mailing Address 458 14th St

City State Zip Code
Brooklyn NY 11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

CWA

Occupation

Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. Vera Michelson

Mailing Address 13 Pennsylvania Ave

City State Zip Code
Albany NY 12206

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of NY

Occupation

Affirmative Action Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

20.06

Full Name (Last, First, Middle Initial)

C. Robert Pollin

Mailing Address 1290 S East St

City State Zip Code
Amherst MA 02452

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mass

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Michael Rabinowitz

Mailing Address 365 State St Apt 1b

City State Zip Code
Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITEHERE Local 6

Occupation
Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Deirdre A Schifeling

Mailing Address East 2nd Street 295

City State Zip Code
Brooklyn NY 11218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood

Occupation
National Director, Organizing & Electo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Brian Schneck

Mailing Address 22 Patricia Ln

City State Zip Code
Lake Grove NY 11755

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAW Local 259

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2010

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Ron Shiffman

Mailing Address President Street 863

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pratt Institute

Occupation

Pratt Institute

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kathleen Stassen-Berger

Mailing Address Jane Street 130 1C

City

New York

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas Stoner

Mailing Address 125 Piermont Ave

City

Nyack

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 20 / 2010

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Alan Van Capelle

Mailing Address 257 12th St

City State Zip Code
 Brooklyn NY 11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Empire State Pride Agenda

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2010

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Patrick Welsh

Mailing Address 153 Meadow Ln Apt 2g

City State Zip Code
 New Rochelle NY 10805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2010

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

968.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. CAROLYN'S PAC

Mailing Address 24 EAST 93RD STREET
 SUITE 1B

City State Zip Code
 NEW YORK NY 10128

FEC ID number of contributing
federal political committee.

C C00341990

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 13 / 2010

Transaction ID : SA11C.4697

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Engel For Congress General Election

Mailing Address PO Box 60 P.O. Box 60

City State Zip Code
 Bronx NY 10463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2010

Transaction ID : SA11C.4699

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. NITA LOWEY FOR CONGRESS

Mailing Address PO BOX 271

City State Zip Code
 WHITE PLAINS NY 10605

FEC ID number of contributing
federal political committee.

C C00219881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 04 / 2010

Transaction ID : SA11C.4701

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

11250.00

TOTAL This Period (last page this line number only)..... ►

11250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Card Service International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2010

Transaction ID : SB29.4702

Amount of Each Disbursement this Period

30.53

Full Name (Last, First, Middle Initial)

B. Card Service International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2010

Transaction ID : SB29.4703

Amount of Each Disbursement this Period

80.04

Full Name (Last, First, Middle Initial)

C. Card Service International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2010

Transaction ID : SB29.4704

Amount of Each Disbursement this Period

110.03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.60

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Card Service International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2010

Transaction ID : SB29.4705

Amount of Each Disbursement this Period

300.64

Full Name (Last, First, Middle Initial)

B. Community Labor Administrative Services, INC

Mailing Address 2-4 Nevins Street

City	State	Zip Code
Brooklyn	NY	11217

Purpose of Disbursement
Rent and Administrative Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2010

Transaction ID : SB29.4706

Amount of Each Disbursement this Period

3670.43

Full Name (Last, First, Middle Initial)

C. J.P. Morgan Chase

Mailing Address 20 Flatbush Ave

City	State	Zip Code
Brooklyn	NY	11217

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2010

Transaction ID : SB29.4707

Amount of Each Disbursement this Period

810.88

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4781.95
5002.55